

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/779116</u>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51	/	
2	/						52	/	
3	/						53	/	
4	/						54	/	
5	/						55	/	
6	/						56	/	
7	/						57	/	
8	/						58	/	
9	/						59	/	
10	/						60	/	
11	/						61	/	
12	/						62	/	
13	/						63	/	
14	/						64	/	
15	/						65	/	
16	/						66	/	
17	/						67	/	
18	/						68	/	
19	/						69	/	
20	/						70	/	
21	/						71	/	
22	/						72	/	
23	/						73	/	
24	/						74	/	
25	/						75	/	
26	/						76	/	
27	/						77	/	
28	/						78	/	
29	/						79	/	
30	/						80	/	
31	/						81	/	
32	/						82	/	
33	/						83	/	
34	/						84	/	
35	/						85	/	
36	/						86	/	
37	/						87	/	
38	/						88	/	
39	/						89	/	
40	/						90	/	
41	/						91	/	
42	/						92	/	
43	/						93	/	
44	/						94	/	
45	/						95	/	
46	/						96	/	
47	/						97	/	
48	/						98	/	
49	/						99	/	
50	/						100	/	
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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